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## ORIGINAL COMMUNICATIONS.

### *TREATMENT OF FACIAL SPASM.*

BY M. LANDESBERG, M.D.

FACIAL spasm shares with facial neuralgia the fate of being one of the most intractable affections man is subject to. It is one of those cruel diseases which makes the sufferer conspicuous to every one, and makes him the object of derision rather than of pity. If the patient is spared the intense bodily pain, which is one of the foremost symptoms of neuralgia, the mental agony is allotted to him of being preyed upon by a merciless fiend, who loosens the hold upon his victim but in very rare instances.

The therapeutical measures recommended and employed in this affection may be counted by legions. This fact is sufficient enough to demonstrate beyond any doubt that the remedies at our disposal to combat facial spasm are still inadequate to answer the purpose. I may say that almost every practitioner has one or two favorite remedies, which he is wont to use on all emergencies. If he fails in his first attempts, his further course is rather one of trying, one after the other, the different remedial agencies which he finds recommended by the different medical writers. Of the remedies mostly in vogue in facial spasm I may mention opium and its derivatives; bromide of potassium; the fluid extract of conium maculatum; inhalations either of ether or chloroform, and electricity. In instances in which tender or painful spots are found, cauterization, blisters, leeches, local anæsthesia, and subcutaneous injections of chloroform have been tried with good effect. When all therapeutic resources have been exhausted, surgical interference remains as the last resort. Neurotomy—simple division of the diseased nerve—exclusively practised in former times, has now been abandoned totally, because it afforded either no benefit at all, or but a temporary one. The operative procedures nowadays used are: Neureotomy—the resection of a part of the affected nerve, and nerve-stretching. The latter is one of the latest achievements of modern surgery, and was performed for the first time in 1872 by Billroth, of Vienna, and Nussbaum, of Munich.

The introduction of nerve-stretching into the therapeutics of facial spasm marks a new era in the treatment of the latter. Nerve-stretching would be the most valuable substitute for resection, even if experiments should show that the advantages of either method are balanced, for the reason simply that it is a safer procedure, which causes less injury to the nerve than even division of the latter. For the present we have to abstain from passing any judgment upon the merits of the new method, which thus far has been tried in ten cases only. The results which were obtained in these instances may be learned from the following brief summary, excerpted from Schmidt's Medicin. Jahresbücher, vol. 194, No. 2:—

CASE 1. Baum (Berliner Klin. Wochenschrift, No. 40, 1878)—Slight paralysis of short duration. Full benefit for nine months. Then return of spasms in moderate degree. In the whole marked improvement in the condition, which after a period of two years most favorably contrasts with that which had existed before the operation.

CASE 2. Schüsler (*Ibidem*, No. 46, 1879)—

Full benefit for six months. Then slight recidive, with subsequent exacerbations. But in the whole spasms milder than ever before.

Case 3. Eulenburg (Centralblatt für Nervenheilkund, No. 7, 1880)—Two months after the operation, contraction and spontaneous twitching of the paralyzed muscles. After fifteen weeks, paralysis and deformity improved. Decided amelioration in the condition.

Case 4. Putnam (Wiener Klinik., No. 7, 1881)—Paralysis entirely subsided. Traces of contraction. No return of clonic spasms. Nine months' observation.

Case 5. Sturges and Godlee (Medic. Times and Gaz., Nov. 27, 1880)—Observation of three months. No return of spasms. Muscular paralysis subsiding.

Case 6. Southam (Lancet, No. 9, Aug. 27, 1881)—Paralysis. Spasm removed. Six weeks' observation.

Case 7. Bernhard and Hahn (Zeitschrift für Klin. Medicin, iii. 1)—No paralysis. Slight improvement.

Case 8. Bernhard and v. Langenbeck (*Ibidem*)—Highly pronounced paralysis. With the improvement of the latter, return of spasms.

Case 9. Bernhard and Hahn (Deutsche Med. Wochenschrift, viii. 9, 1882)—Temporary paralysis. No trace of spasms. Five months' observation.

Case 10. V. Hoffman (Archiv. für Psychologie, xii. p. 262, 1881)—Slight paresis. A few nerve-fibres near the mouth are not stretched; the muscles, which are supported by these fibres, persist in the spasmodical contractions.

My personal experiences in facial spasm extend in the whole over nine cases, of which four were observed in the last two years. Abstraction was made of these four cases, which I shall consider further on. The result of the treatment in the first series of five cases was as follows: Total failure in three instances, great relief afforded in two more, and almost a cure effected in another. The latter case was that of a lady of twenty-three years of age, in whom facial spasm had developed seven months before, in consequence of great mental depression. Resection of the nerve had been proposed as the last resort, to which she was ready to submit, when she was prevailed upon to ask my advice. There was a permanent twitching motion of the eyelid and of all the muscles of the left side of the face, which occasionally evolved into real spasmodical contractions, whereby the angle of the mouth and the upper lip were drawn upwards. The will had no influence whatever to control or modify the spasmodical attacks, which were not affected in the least by pressure upon any part of the face. Tender spots were absent, and sensation was normal. Monthlies were regular. All other organs in good order. No anæmic symptoms. I suggested subcutaneous injections of morphia, the only remedy which had not been tried in this instance. Should they fail, resection of the nerve would be the last expedient to think of.

The initial dose of one-quarter of a grain of morphia had the immediate effect to break at once the violence of the paroxysm under which the patient was just laboring, reducing it to the usual twitching motions of the lids and the face. I pushed the dose cautiously up to half a grain, when a sensation of warmth pervaded the whole body of the patient; the face became flushed and the muscles relaxed. It was most interesting to observe how the muscular contractions gradually subsided, the amplitude of the latter becoming smaller and smaller until, after a few slight exacerbations, the whole left side of the face assumed a quite normal appearance. The twitching motions of the lids continued longest, but these motions also subsided as if by magic effect. Patient fell into a sound sleep, from which she awoke the next morning in full health. No trace of the affection remained. The latter reappeared after a free interval of five days, and was again checked by the immediate subcutaneous injection of one-third of a grain of morphia. From this time the patient enjoyed free intervals of variable duration, sometimes of several days, at other times of several months. Patient learned the use of the subcutaneous syringe, and was enabled at once to apply the remedy whenever necessity demanded.

In the four cases which came under my observation in the last two years I tried the action of Duquesnel's aconitia, after subcutaneous injection of morphia, to which I first resorted, had proved ineffective, as all the other remedies applied by others had failed to benefit in any way the patient. There was a relative success in one instance, and a total failure in the three other cases. The history of the cases is briefly as follows:—

Case I.—Miss R., twenty-two years of age, has been suffering for the last nine months

from intermittent attacks of spasmodical contractions of the eyelids and the muscles of the left side of the face, which had suddenly developed in consequence of a severe shock upon her nervous system. The muscles of the affected parts are suddenly and violently contracted, and as suddenly relaxed, after the paroxysms had lasted for a few moments. Such attacks, which are not attended with any pain, sometimes follow each other at intervals of about five to ten minutes through the whole day; at other times the intermissions are of longer duration, and may last for several hours. But there has not been one day of absolute rest since the affection had first developed. The will has no power whatever to control or to suppress the spasmodical attacks, which subside only during sleep. Pressure upon any part of the left side of the face has neither the effect to check the course of the paroxysm, when once started, nor to call forth a paroxysm during the time of intermission. Painful spots are absent.

The general constitution of the patient may best be described by the words of Nathaniel Hawthorne: "She is one of those delicate, nervous young creatures, not uncommon in New England, and whom I suppose to have become what we find them by the gradual refining away of the physical system among your women. Some philosophers choose to glorify this habit of body by terming it spiritual; but in my opinion it is rather the effect of unwholesome food, bad air, lack of out-door exercise and neglect of bathing on the part of these damsels and their female progenitors."

I tried at first to build up the system of the patient by the administration of roborantia and tonics, in combination with all the necessary measures of a hygienic regimen. The general constitution improved rapidly, and the patient gained thirteen pounds of flesh within four weeks. But the affection proper remained unchanged. When subcutaneous injections of morphia had also failed to produce any modification in the state of the morbid process, I had the happy thought to try the action of Duquesnel's aconitia in this instance, before proceeding to stretching of the nerve, to which the patient had consented. I began the administration of the medicine with $\frac{1}{100}$ of a grain pro dosi, three times a day, pushing gradually and cautiously the dose up to $\frac{1}{60}$ of a grain. The smaller doses, which were used for a whole week, were very well borne by the patient, but had no influence whatever upon the morbid process, which continued its regular course unabated. The injection of $\frac{1}{60}$ of a grain of the remedy produced alarming toxical symptoms, but had the magical effect to subdue, for the first time during the duration of the affection, facial spasm. Convulsions and contortions vanished, and the face assumed a normal appearance. No further dose of the remedy was allowed to be taken. The toxical symptoms subsided without leaving any disagreeable after-effect, and the patient enjoyed an intermission of six days. When paroxysm recurred I at once administered to the patient $\frac{1}{60}$ of a grain of Duquesnel's aconitia, watching carefully the effects of the drug. Five minutes after the injection of the latter the patient began to complain of a sensation of numbness and heaviness in the limbs, of pricking in the whole body, and of tingling in the tongue, which toxical symptoms reached their acme within twenty minutes. In this stage I could notice the first beginnings of the paroxysm breaking down. The retrogressive course was rapid, and full recovery was obtained within fifteen minutes. From this time the patient enjoyed a relative rest, paroxysms occurring only irregularly, in intervals of about four to six weeks, or even longer, to be checked each time by the use of $\frac{1}{60}$ of a grain of the remedy, taken with the appearance of the first symptoms of attack. A smaller dose, which had been tried several times, proved ineffective to subdue the attack. There were each time the above-described toxical symptoms, which, however, had lost the power to alarm the patient. This is the course the affection took during the eleven months the patient remained under my observation. She then left the city for the South, and the case escaped my further notice for about two years. The after-history and the final issue of the case are given from a communication the lady kindly sent me on my request, in order to complete the notes for publication. The patient had suffered in the first months of her staying in her new home somewhat more frequently from her old trouble, which, however, always yielded to the usual dose of the remedy I had given her. She has now been married for nineteen months, and no return of the affection has occurred since the day she had first felt the symptoms of her being in an improved condition.

CASES II. to IV.—Mrs. S., fifty-seven years

old, and her two daughters, aged respectively thirty-seven and thirty-five years, presented themselves with the almost identical affection of the left side of the face.

The mother has been suffering from facial spasm for the last seventeen years. The attacks were very mild for many years, and consisted only in slight twitching or quivering motions of the eyelids and of some muscles of the left side of the face, which occasionally occurred after long intervals of perfect health, to last a few moments only. The trouble was so slight and inoffensive that the patient did not mind it at all. For the last five years, however, the paroxysms became more frequent and more violent, and the affection gradually assumed the features which are shown by the present condition.

The same disease had commenced in the elder daughter five years ago, and in the younger one three years ago, starting at the very outset with the greatest intensity and violence of symptoms, which have not lessened in the course of time.

There is hereditary tendency to this affection in the family on the mother's side. The mother and grandmother of Mrs. P. had both suffered from facial spasm. Of the five children Mrs. P. had born, the daughters only have inherited the family taint. The three women presented the very prototype of hysteria and nervousness. The spinisters showed all the ludicrous features which have made the term of "old maid" a by-word of ridicule.

As far as could be ascertained, there were no tangible anomalies in the constitution of either women.

In the three women the almost identical features of the affection were as follows: The paroxysm commenced with tremulous motions of the orbicular muscles, the intensity of which gradually increased until they evolved into vehement spasms of the eyelids. Sometimes the latter would close tightly for a few moments, and no power of will would enable the patient to overcome the contraction. By degrees the convulsions extended to all the other muscles of the left side of the face, involving even those of the neck. The angle of the mouth and the chin became distorted, and were drawn upwards. The attack lasted from one to two minutes and only gradually subsided. The intermissions varied. Sometimes there was a free interval of from two to three hours; at other times the paroxysm returned after ten to fifteen minutes during the whole day. Sleep only brought perfect rest.

Sensibility of the affected side of the face was normal. There was no sensation of pain during the paroxysm.

All available remedies had been used in these instances without effect. The action of Duquesnel's aconitia, to which I resorted, was negative in the mother and the elder daughter. In the former I could push the dose up to $\frac{1}{80}$ of a grain without producing any toxical symptoms, which appeared in the daughter after she had taken $\frac{1}{120}$ of a grain of the remedy. The smaller doses were well borne.

A slight improvement in the condition of the spasms I could notice in the younger lady after she had used for ten days $\frac{1}{100}$ of a grain of aconitia three times a day. But the patient herself did not seem to lay great stress upon this change to the better. So I gave up the case, the readier as it was by no means an easy task to cope with the whims and oddities of the patient.

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## *TRACHEOTOMY IN CROUP AND DIPHTHERIA.*

BY E. E. MONTGOMERY, M.D.,

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DURING the past six years the writer has been called upon to perform this operation for croup or diphtheria twelve times, with, unfortunately, but a single favorable result. In a majority of the cases the operation was done as a dernier resort, the patient being at the point of death, having suffered from deficient oxygenation for forty-eight hours and over, while emetics and other depressants had been administered for the purpose of getting rid of the membrane. Five of the cases were seen in consultation, the remainder in his own practice. Five were cases of undoubted diphtheria, presenting exudation upon the tonsils, pharynx, soft palate, and nasal cavities. In two cases it extended through the wound upon the external surface of the neck. The exudation was seen in the throat from three to seven days before the laryngeal symptoms were disclosed. The shortest period of life was in the twelfth case, which survived fifteen hours; the next shortest was thirty-six hours; the remainder survived eighty hours and over, one of whom, a case of diph-

theria, died on the ninth day. The most frequent period at which death occurred was between the third and fourth days. No. 12, dying in fifteen hours, had suffered from diphtheria a week before the laryngeal symptoms appeared, and was profoundly poisoned by the disease. The depression was so great that when seen in consultation with the attendant, Dr. Amy S. Barton, the propriety of operating was questioned, but as the parents desired it the decision was that the child should have the slight chance for its life and the comfort the operation would afford. The case, terminating in thirty-six hours, was one of membranous croup, of a low asthenic type, in which but slight relief was given by the operation. The remaining patients were at once relieved, slept quietly, were easily amused, and would take nourishment readily. At the end of the second day the cough became more frequent, the expectoration thin, serous fluid, often sero-purulent; breathing frequent, labored; lungs filled with soft mucous rales; lips and skin pale or dark, showing insufficient oxygenation; patient dies from exhaustion, drowned in its own secretion. In an autopsy, the trachea above the opening was found completely filled with membrane, the upper half of each lung was white, bloodless, and collapsed. This latter condition had, without doubt, occurred previous to the operation, and accounted for the exhaustion. Case No. 8, a girl but 7 years, suffered from diphtheria of the pharynx, tonsils, and soft palate for three days previous to the laryngeal symptoms; twelve hours subsequently she was tracheotomized; the membrane then extended over the wound and upon the neck; also upon the lips and into the nasal cavity. The membrane had not separated when the child expired on the ninth day from heart paralysis. Case No. 11, who recovered after the operation, had diphtheria, and was seen in consultation with Dr. Amy S. Barton, who has kindly given the following history: April 8, 1884, Bessie Smyth, aged four years, was seen with diphtheritic exudation over fauces; constitutional symptoms slight. She was given tr. ferri chlor. and potass. chlorat, with an improvement of the symptoms. During the night of the 14th there were some croupy symptoms, and on the morning of the 15th the peculiar voice and cough of croup. In addition to the above treatment, quinine was given and hot fomentations applied. In the evening the asphyxia became so urgent that Dr. Montgomery was called in consultation and tracheotomy advised. Unfortunately, however, the more alarming symptoms had been temporarily relieved by an active emesis, and the parents were so much encouraged that they refused to permit the operation. Hydrarg. bichlor., gr. $\frac{1}{32}$ every three hours was substituted for the former treatment, and the fauces directed to be swabbed with a weak solution of lactic acid every two hours. Asphyxia soon became more aggravated, and so great that the parents despaired of her surviving until morning. 7 A. M., tracheotomy was performed without difficulty, there being scarcely any bleeding, and was followed by immediate relief. She sat up in bed and played during a portion of the day; evening, temperature 101.6°, pulse, 116; 17th, 101.8°; respiration more labored; she looks less bright. Evening, 98.5°; pulse 100; breathing quietly; membrane softening; bichloride increased to gr. $\frac{1}{24}$ every two hours. The tube was sprayed with bichloride sol. $\frac{1}{1600}$ every three hours.

*18th.* Tube removed; wound looked well; some membrane seen in the trachea, but none on the external margins of the wound. Pharyngeal membrane had disappeared by the ninth day of the operation.

*28th.* Ammon. chlorid. gr. ii. every four hours substituted for the bichlorid.

*29th.* The tube was removed and the wound closed by the finger, causing severe spasm of the glottis, extreme dyspnœa and threatened suffocation, necessitating the reintroduction of the canula.

*30th.* Epiglottis by throat mirrors shows no trace of membrane. ℞. Tr. aconit. gtt. ¼; sodii bromid. gr. iij. every four hours, painting the fauces and larynx with sol. argent. (gr. x.) once daily.

*May 10th.* Temperature since last date normal; general condition good; canula was removed and wound left to heal of itself; breathes and talks freely. The external wound closed completely in twenty-four hours.

*21st.* A brother of this child was taken with diphtheria about ten days ago, developed laryngeal symptoms a week later, and is No. 12, whose history is related above.*

The propriety of an operation which offers, as shown by the above results, a mortality of

* Dr. B. has since suffered from an attack of diphtheria.

91 per cent., may be questioned, and this would certainly be just, were there any means of relief for the patient without it; but considering that many of these cases were already almost asphyxiated; that the operation itself does not increase the danger, and even where the disease runs a fatal course, renders the remaining hours of life much more comfortable, the physician would not be justified in refusing to perform the operation or to withhold from the parents their privilege of accepting this chance, even though but 9 per cent. recovered. Fortunately, the result has been far more favorable with many other operators. Thus, Buchanan (Tr. International M. Cong., 1881) reports in 50 cases 19 recoveries, or 38 per cent; Ranks, of Munich (in discussion of above), 61 per cent. favorable; Pilcher (Med. Rec.), 39 per cent.

Of 109 cases reported by the above-named operators, 44 per cent. recovered. The only excuse for presenting the writer's results, as compared with these, is that they illustrate the importance of early operation.

The great fatality in both croup and diphtheria of the larynx under every plan of treatment; the rapid exhaustion and early pathological changes in lungs and blood, resulting from asphyxia, and the slightly increased danger of the operation itself teach that tracheotomy should be performed early.

Indications for the operation are: loss of voice, stridor, difficult inspiration, depression of the chest walls during inspiration, blueness of the lips and nails, and other evidences of want of oxygenation.

When a physician has had continuous supervision of a patient, and the symptoms, in spite of treatment, become progressively worse, tracheotomy should be done as soon as depression of the substernal tissues during inspiration occurs. By so doing, it is true that some cases will not be tracheotomized, which would otherwise recover, for this is not a fatal symptom, but were it the rule many lives would be saved that perish with a later operation.

*Anæsthetics.*—The writer has invariably given chloroform. Of course, where carbonization of the blood is extreme, but a small quantity is required. It quiets spasms of the larynx, possibly renders breathing a little less difficult, and relieves the operator from the embarrassment occasioned by the struggles of the frightened child. The operator should have two assistants, though it can be done with one. The child may lie upon the lap of an attendant, with the neck resting upon the arm or knee, but is more accessible upon a table, with a firm pillow under the shoulders to throw the head back. The great danger of the operation is hemorrhage, as the veins of the neck, from the obstructed circulation through the lungs, are over-distended. Most authorities unite in urging the greatest care in dissecting through the different layers successively, observing that the venous hemorrhage ceases so soon as the trachea is opened. Some have plunged the bistoury into the trachea, and completed the incision at one cut; others have used the galvano- or thermo-cautery.

Hemorrhage, however, in these cases, has not been a factor for consideration, as there has been none. The patient is placed upon a table with the head thrown back over a firm pillow, a fold of skin raised below the cricoid cartilage, held by the operator and his assistant, transfixed and cut through, making an incision one inch long—raising the skin, lifts it away from the veins—laying down the knife the tissues are torn through down to the trachea with the director and forceps. If large vessels, or the thyroid isthmus appear, they can be held aside by retractors, for which the ordinary aneurism needle is very serviceable. The trachea is now hooked up with a tenaculum, the blood oozing into the wound sponged away, and the opening made. This may be completed with the bistoury, or perhaps better by the inexperienced operator with the probe-pointed instrument. Usually, as soon as the trachea is opened, there is a deep inspiration and a coughing out of mucous blood and frequently membrane. Should respiration not become at once established, it can be induced by artificial means, as pressure over the chest, and blowing through a catheter inserted by the wound.

The immediate insertion of the canula should be avoided. The edges of the tracheal wound should be held apart by a couple of tenacula, and the cavity examined for membrane. It may be irritated and coughing excited by the introduction of a feather, or a soft catheter can be passed upward and downward, loosening and bringing out the membrane. By such means the exudation can be pushed out of the upper portion of the trachea, greatly expediting the complete clearing out of the canal.

The membrame can sometimes be seized with forceps and a cast of the trachea removed.

The importance of this preliminary toilet of the trachea cannot be overestimated, as the exudation otherwise must be coughed through the tube at the expense of the patient's strength.

Cases are on record in which the tube has been introduced pushing the membrane before it, completely obstructing the passage of air, or where an opening has been made into the trachea and the canula inserted against an unopened cast of the canal—death resulting from the increased obstruction. The difficulty of inspecting and treating the trachea, has led some operators to advocate and practise discarding the canula. The swelling of the tissues and the rapid growth of granulations have seemed to the writer urgent reasons for its retention. The canula should be double, silver plated, or hard rubber, moving freely in the collar to admit of changes with the movements of the neck. The inner tube should be $\frac{1}{16}$ to $\frac{1}{24}$ longer than the external, and completely filling up its calibre. The canula should be as large as the trachea will admit without undue pressure. With a large tube the air enters the trachea readily, and membrane, mucus, and other discharges are evacuated with less effort. The canula is held in place by tapes fastened to the collar and tied about the neck.

*After-treatment.*—The patient is placed in bed and covered up. A flat, porous sponge, or several layers of tarleton are wet with hot carbolized water and laid over the opening. The room should be kept at a temperature between 75° and 80°. The inner canula should receive careful attention; during the first three days should be frequently withdrawn and cleansed by pushing through it a piece of sponge with a bent probe. If the attendant is careful to remove it during expiration in coughing, frequently the whole mass of secretion will be brought away, otherwise it is drawn back to further annoy the patient. Where exudation collects about the lower end of the canula, coughing sufficient to dislodge it may be produced by the introduction of a feather. The external canula should be removed at the end of 48 hours, cleaned and replaced, or another substituted. Subsequently it should be withdrawn once every twenty-four hours. The child's ability to breathe without it can be tested by placing a finger over the wound when it is removed. Stimulants and food should be given freely; should liquids give trouble by running into the trachea, solid or semi-solid food may be substituted.

The child usually sinks into a quiet slumber, from which it awakes much refreshed. The cough is quite frequent; at first of thick viscid mucus, tinged with blood; later, becomes clear, but is still viscid. In fatal cases, after 48 hours, it becomes very copious, serous, and even purulent in character. It gives rise to incessant cough; rales are heard over the whole chest surface. The respiratory power becomes exhausted, and the child succumbs—drowned in its secretion.

Buchanan directs to discard drugs and trust solely to stimulants and attention to the tube. While his success—38 per cent. favorable—has been presented by this paper, yet to follow his advice, one must frequently forfeit a valuable opportunity. If drugs are of value previous to operation, when the deficient oxygenation renders their absorption extremely difficult, they can be no less efficient subsequently, and by their prompt and continued administration the exudative process may be limited, and the separation of the membranes hastened. As the diphtheritic poison has been shown, without doubt, to be due to the presence of micrococci, the physician naturally depends, for relief, upon those agents which are most destructive to germ life, and of these the mercuric bichloride is the most active. It is not surprising, then, to find that this agent has proven the most effective in reducing the mortality of diphtheria, and the presence of the diphtheritic poison seems to afford immunity against the poisonous effects of the drug. It may be given to a child of four years in combination with tr. ferri chlor., in doses of $\frac{1}{16}$ gr. every 2 hours, while the flagging powers may be supported by stimulants and quinine.

Locally a spray of corrosive sublimate sol., $\frac{1}{3000}$, may be used, the throat dusted with powdered sulphur by an insufflator, or the affected surface swabbed with solutions of chloral or lactic acid.

The canula can usually be removed by the fifth to the eighth day, but its removal may be delayed by various complications, as granulations, stenosis of the larynx, continuation of the membrane, swelling of the mucous membrane, paralysis of the laryngeal muscles, and spasm of the larynx.

As the catarrhal condition abates, a smaller

tube may be substituted, so that air can pass around it. The external end may be closed by a cork. If respiration takes place easily the tube may be permanently removed.

The opening needs no especial treatment. The cloth worn with the tube may be continued. It rapidly contracts so that within a few hours the reintroduction of the tube would be attended with difficulty.

An analysis of the cases upon which this paper is based will justify the following conclusions:—

1. That tracheotomy is justifiable in diphtheria as well as croup.

2. That it should be performed in croup, when it is evident that drugs do not control the progress of the disease, particularly when there is substernal depression during inspiration; in diphtheria with the advent of suffocative symptoms.

3. That in the performance of the operation the knife should only be used to incise the skin and trachea, the intervening tissue being torn by the grooved director and forceps.

4. That the subsequent administration of proper drugs will greatly promote a favorable result.

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## *THREE CASES OF PENETRATING WOUNDS OF THE ABDOMEN.*

BY DR. CHARLES MEIGS WILSON.

THROUGH the courtesy of Dr. R. J. Levis I am able to report the three following cases of penetrating wounds of the abdomen, which were treated under my care while Resident Surgeon at the Pennsylvania Hospital:—

CASE I. W. G., æt. 43, a bartender by occupation, was admitted into the surgical ward of the Pennsylvania Hospital, October 13, 1883. The man had been stabbed in a street brawl with an ordinary pocket-knife. Upon examination, a wound was found situated midway between the superior spinous process of the ileum and the symphyses pubis, on the left side. It was a half an inch in length, and was at about a right angle to the median line. A portion of the omentum, with a small portion of the small intestine, protruded through the wound. The protruded omentum was very much tumefied, and about the size of a large orange. The hernia was covered with dirt from the man's clothes. It was carefully washed with a solution of bichloride of mercury, one part to two thousand. By firmly grasping the base of the tumor and unfolding the protruding portion, it was finally after considerable trouble returned to the abdominal cavity. The wound was then found to run obliquely from without inwards, and towards the median line in a slightly upward direction. The wound was approximated by two deep sutures, passed over the end of a probe, which was used to retain the omentum in the abdominal cavity. The stitches were passed with a staphalorraphy needle; one being passed through the mouth of a small artery, which bled quite freely externally. The wound was dressed with the bichloride of mercury, one part to two thousand of water. The man was given a quarter of a grain of morphia hypodermically, which was repeated every four hours, and his belly was covered with a flaxseed poultice. He was ordered no nourishment for the first twenty-four hours, and no water, but cracked ice to control his thirst. As he was admitted at midnight of the 13th, no thermometric observation was taken until the morning of the 14th, when his temperature was found to be 99½° F. On the evening of the 14th his temperature was found to be 104⅜° F.; pulse, 120, thin, quick, and wiry; his countenance pinched and flushed; his abdomen hard and unyielding, and on pressing it he complained of great pain. There was marked tympany over the left iliac region, and he complained of great thirst. Up to this time he has had no movement of the bowels, but has passed his water without difficulty at regular intervals. The morphia was continued. For nourishment he was given one ounce of milk every hour, and was ordered eight grains of quinine at four, five, and six o'clock on the morning of the 15th. On the morning of the 15th his temperature was 102° F. In the evening, 102½° F. The quinine was repeated on the morning of the 16th at the same time and in the same quantities. His temperature in the morning of the 16th was 99° F. As the man showed symptoms of approaching delirium, evidently alcoholic in character, as he was drunk on admission, the hypodermics of morphia were discontinued, and forty grains of the potassic bromide and ten grains of chloral hydrate given every four hours in its stead. His nourishment was increased to four ounces of milk every two hours. As the evening temperature had subsided to 99.5° F., the quinine

was reduced to twelve grains, given in the same manner as previously. On the morning of the 17th, the delirium having subsided and the temperature having reached the normal, the poultice was discontinued, and the bromide reduced to forty grains three times a day. The following day the stitches were removed, and the wound was found to be firmly united. No further symptoms of peritonitis or delirium developed, and all abdominal tenderness subsided. The man made a speedy and rapid recovery, and was discharged cured on the 26th.

CASE II. M. D., æt. 30, an Italian laborer, was admitted into the surgical ward of the Pennsylvania Hospital, with a penetrating wound of the abdomen, one hour after the infliction of the injury. The wound was made by a long, narrow, double-edged knife. The wound was about two and a half inches below the ensiform cartilage, and a little to the left of the median line. It was gaping and sufficiently extensive to admit the finger to pass into the abdominal cavity. A small portion of the omentum was found protruding on admission. No wound of the intestines could be detected. The wound was approximated with silver wire, supported with adhesive strips, and dressed with bichloride of mercury, 1–2000. Upon admission the man was suffering from moderately severe shock; his pulse was 96 and rather feeble; respiration accelerated but quiet; temperature, 97½° F. The patient was catheterized, his extremities surrounded by hot-water bags, and a large flaxseed poultice placed over his abdomen, completely covering it. A quarter of a grain of sulphate of morphia was administered hypodermically every four hours. For nourishment he had two ounces of milk every two hours. His thirst was relieved by cracked ice.

*October 1st.* Severe general abdominal pain is complained of, and there is very marked tympany. The temperature has risen to 103° F., and the pulse is now rapid and tense.

*2d.* Some improvement is apparent. The abdomen is less distended, and the pain is fully controlled by the morphia. The same diet is continued.

*3d.* First stool this morning, which was slight in amount, soft in consistence, and composed largely of dark clotted blood, showing pretty conclusively that there has been some wound of the intestinal tract. Evening temperature, 101½° F.

*4th.* As morning temperature has subsided to 99° F., and the belly is relaxed and soft, but little pain being complained of, the morphia was reduced to a sixth of a grain given every six hours, and the poultice discontinued. From this time the patient steadily improved, and was discharged cured on October 28th.

CASE III. R. B., æt. 22, a carpenter, was admitted to the surgical ward on October 16th. The man was stabbed with a penknife in a street fight. On examination, he was found to have an incised wound about an inch and a quarter in length in the ninth left intercostal space, near the median line. A probe passed in four inches, obliquely inwards and downwards, and apparently impinged upon the diaphragm. For the first forty-eight hours there was considerable emphysema over the left costal region, anteriorly. This, however, subsided. The wound was treated in the same manner, and the man received the same medical attention, as the former cases. There were no abdominal symptoms, no pyrexia, and the wound healed kindly from the first. At the end of the third day twenty grains of bromide of potassium was given in place of the hypodermics of morphia, every three hours, as the man showed symptoms of alcoholic restlessness. This was continued for a few days. The man made a speedy recovery, and was discharged from the hospital on the 25th instant.

The percentum of recoveries of this class of wounds in the Pennsylvania Hospital is phenomenal as compared to the statistics of other hospitals. The essential points of treatment are the exhibition of large doses of morphia early in the attack, thus anticipating, often aborting, abdominal inflammation, perfect rest in the recumbent posture, and restricted diet until the abdominal symptoms have subsided. Experience has taught that the best way of administering opium in traumatic peritonitis is by the hypodermic injection of morphia. It is also interesting to note that a thoroughly aseptic solution of the mercuric bichloride may be used without danger on one of the most readily absorbent surfaces of the body, viz., the peritoneum. In time to come it is possible that the mercuric bichloride may be proven to be less noxious than carbolic acid. We already know that it has greater aseptic properties, and it may supplant carbolic acid in abdominal surgery.

1517 WALNUT STREET, PHILADA.

## THE MINERAL SPRINGS AT CRESSON.

BY CARL SEILER, M.D.

Read before the Section of Laryngology of the American Medical Association held at Washington, D. C., May 6th.

Abstracted for THE MEDICAL BULLETIN.

THERE are at Cresson three springs. 1, a very strong spring, which, according to the analysis made by the Pennsylvania State Survey, ranks with the best so-called steel springs of Europe; 2, a ferruginous alum spring, and 3, a weak magnesia spring. These waters were used on a number of patients suffering from chronic catarrhal inflammation of the upper air passages in the form of sprays applied locally to the diseased mucous membrane, and the iron and magnesia waters internally, with proper regulation of the diet of the patients.

Thus it was found that the ferric alum water had a decided tonic and stimulating effect in those cases of atrophic nasal catarrh which were complicated with pharyngitis sicca and chronic laryngitis, and that the beneficial effect of the local applications was very soon apparent to the patient. In the cases selected for trial no other treatment was used, so that there should be no error possible in determining the therapeutic value of the application.

The iron water was found to have no very decided effect upon these cases, but to be of great value in cases of follicular pharyngitis, and in the milder forms of hypertrophic nasal catarrh as well as in cases of ordinary simple chronic laryngitis and bronchitis.

The magnesia water, locally applied, gave no results whatever, and I very soon desisted in using it for topical applications, but found it a valuable adjuvant in the treatment of patients suffering from lithæmic inflammations of the mucous membrane of the upper air passages. In these cases the patient was directed to drink the water freely, and its slightly diuretic effect soon became apparent.

The iron spring, also, is somewhat diuretic in its action, but is chiefly valuable as a tonic, particularly in cases with feeble digestion.

Artificially prepared solutions of iron and ferric alum, which were used in a number of cases similar to those which were treated with the natural waters, did not have the same effect, and this fact strengthened the belief that it seems impossible to manufacture an artificial mineral water in the laboratory of the chemist which is equal in its value to that produced in nature's laboratory.

Almost all the European authors on diseases of the lungs and upper air passages lay great stress upon the value of the natural mineral waters in the treatment of these disorders, and advise their patients to go to one or the other of the many watering places on the Continent. In America, on the other hand, although we have mineral springs of equal and greater therapeutic value than are found in Europe, yet the medical profession at large does not seem to recognize the fact, and they are little patronized, with the exception of a few, where, however, the waters form the least attraction.

This may, perhaps, find an explanation in the fact that, in this country everything being free, the patients at these watering places are left to their own choice as to the quality and quantity of the water they are to drink, and are not in the least restricted as to their diet, which as a rule is either altogether insufficient in quality or sumptuous beyond reason. In Europe, however, the effects of the different mineral springs are well known to every educated physician, and when he sends a case to a watering place it is not a random patient, which perhaps he is anxious to get rid of for a time, but he selects that mineral spring which is most suitable for the disease from which the patient is suffering. At the springs there is also a physician appointed permanently by the company or State owning the ground, who has made a study of the therapeutic action of the mineral waters, and who directs every patient as to which of the waters, if there are more than one spring at the place, he is to drink or use, how much, and in what form, whether internally, by local applications, or in the form of baths, and finally gives careful directions as to diet and exercise compatible with the use of the mineral spring.

We cannot expect that change of air and the indiscriminate use of a mineral spring alone should produce those marvelous effects which we so often hear about as having been produced by this or that German spring, unless we combine hygienic measures with our therapeutic agents.

The mineral springs of Cresson, viewed from this standpoint, will, I have no doubt, soon be recognized as extremely valuable in the treatment of all catarrhal affections of the mucous membranes, which is enhanced by their situa-

tion and surroundings. They are located near the summit of the Alleghenies, at an elevation of 2300 feet above the level of the sea, and within a few miles of the celebrated Horseshoe Curve of the Pennsylvania Railroad, thus affording a moderately high altitude, with a moderately dry climate—one that is eminently suited for catarrhal diseases. The hotel accommodations are excellent, and the place is free from many of the objectionable features of other more fashionable watering places, such as drinking saloons, gambling hells, race courses and the like, which, aside from the bad moral effect, must necessarily materially interfere with the needful rest, free from excitement, so necessary in the treatment of most chronic diseases.

## *A HIGHER STANDARD OF MEDICAL EDUCATION.*

BY MORRIS H. HENRY, M.D.

Read before the American Medical Association, at the Meeting in Washington, D. C., May 7, 1884.

OUR readers are aware of the agitation in the American Medical Association of the subject of Medical Education, and the noble stand taken by Dr. Morris P. Henry, of New York, in the face of obstacles thrown in his way by the chair, and obstructionists always ready to oppose this vital question. We append, without further reference, his remarks:—

DR. HENRY. I regard this question of a higher standard of medical education as the most important subject ever brought to the attion of this National Association. It is of such importance that I trust it may be discussed in a calm and dispassionate manner, and some measures adopted that will remedy the evils that now exist. They are due, beyond dispute, to overcrowding and graduating annually thousands of unfit and improper persons to practise medicine in this country. The medical schools are responsible for this condition of affairs. (Cries of "order, order," amid hisses and applause.)

I regret it—the medical schools are responsible for this condition of the profession in its relation to the public, and to the dishonor of these same influences may be attributed this system of crushing out year after year debate and discussion on this important subject. (Loud applause with some hisses.) Let me remind the gentlemen on my left that they will find it useless to hiss; that hour has passed. They will find that important questions, fairly permitted to be brought before this great assemblage, are not to be crushed out by any such tactics. (Loud applause.) I am too old a soldier to be deterred in my course by any such undignified and disgraceful interruptions. It is easily accounted for—they have private axes to grind. I have none; I am content with the love of my profession and the opportunities it affords me to assist in doing good to my fellow creatures, and [pausing and scanning the audience] I do not think that I err when I claim this assemblage in perfect accord with me on this score.

I trust I shall not meet with any further interruptions in the course of the few remarks I desire to make on this great question—the greatest that has ever been called to the attention of this National Association, and the one, above all others, that concerns not merely your individual interests, but the health and happiness of the people of this whole Continent, extending from the Atlantic to the Pacific. Strange as it may now seem to you—whenever it has been brought forward, or there seemed the slightest chance of its advancement—the most strenuous efforts have been made to squelch it by those who affect to be the guardians of and promoters of medical education in this country, and, sadly to relate, they have up to this time succeeded in their efforts. Excuses and apologies are mere subterfuges to prevent action. Agitation is the only course that promises reformation. (Applause.) Experience has forced the conviction that it is useless to look to the large majority of medical schools for any improvement or advancement in the cause of medical education. There are some honorable exceptions, such as Harvard, Ann Arbor, and the school at Minneapolis, Minnesota; possibly a few others.

I regret to say the schools of New York are not what they should be. The schools resist any interference with their methods—the possible reduction of the emoluments derived from the present systems of sending forth, yearly, thousands of ill-informed and improper persons to practise and prey on the community. Whenever an effort has been made in behalf of a higher standard of education, an element has loomed up to crush the attempt—unparalleled in its audacity—before a body of the character and distinction of this Association.

I differ from the gentleman entirely on this

question, and I know whereof I speak. The schools are responsible. I have had some experience as an educator; a practical teacher in a large hospital, and the editor of a medical journal; my intercourse in the profession ranges over a period of twenty-five years of active work; my deductions are not the conclusions of haphazard impressions; they are the result of careful observations and experience. It is patent to every thoughtful observer that the profession is not held by the public, at this time, in the same esteem that it was years ago. This wane of the public confidence is due, to a great extent, to the lowered standard of the education of the profession, and too often—I regret to say it—to the disregard of the character of the material that is tendered to them; ignoring the question of the natural, social, intellectual fitness of the new-comers to our ranks. No one should be admitted to the study of medicine—I care not whether it is in a preceptor's office or a medical school—who does not display certain natural qualifications, and a preliminary training of a character that will enable him to appreciate the teaching of a thorough medical school.

It was one of the great purposes, in the foundation of this National Association, to elevate the standard of medical education. It cannot devote itself to a better cause or one that is more deserving of its serious consideration. We are told by the proprietors of some of our medical schools that our system of education is not behind that of other countries in practical teaching, and that our schools are held in good repute both at home and abroad.

Experience teaches that such is not the case. If it were, the diploma of the medical schools would meet with more regard and consideration from other schools in other countries. To examiners for the public service at home the diploma conveys only an impression that the holder of one of these certificates has attended certain limited courses of instruction—nothing more. My statements will find ample corroboration in the results of the examinations of candidates for the Army and Navy. One of the distinguished vice-presidents of this association—whom I see on the platform, Dr. Gihon, of the Navy—will, I know, sustain me in my assertions. The reports of the examining boards of the Army afford additional evidence of these facts. In other public departments where ability and integrity are demanded, these certificates of the schools must be sustained by better evidence of the candidates' fitness for professional distinction. These demands are unfortunately not made in all departments of our public service. Wherever they are ignored, the result is soon manifested in the unfitness of the persons who, under political and school influences, receive the appointment. I regret to say it, want of integrity is too often allied with want of proper natural and acquired professional qualifications. The struggle for existence on the part of this class of persons is the bane of our professional life. It assists the support of quackery to an alarming extent. Under such a pressure it is useless for us to denounce quackery. There is, in my judgment, only one way in which the support of quackery can be lessened and the status of the educated responsible physician improved: educate the alumni of our schools so thoroughly that when they start out in the world to practise their profession, the public will have no difficulty in discovering the well-qualified and intelligent practitioner from the ignorant and suave pretender. I fear I have detained you too long.

During the first years of medical education in this country the course was thorough and complete for the times. The supply of this class of men was limited, compared with the demand, extending over vast territories. Such is not the case now. The supply is infinitely greater than the demand. The profession is overcrowded, and the evils of overcrowding are keenly felt by the honest and judicious members.

I thank you for your attention and consideration. Many in this Association have not had the full benefit of early preliminary education and training. I know of many such, who, however, by their industry, integrity, and love and devotion to their profession have fairly won their spurs to distinction, and are enjoying the rewards. To you, gentlemen of the Association, who have had this experience, I appeal for support toward the establishment of a higher standard of education in the profession of medicine. I know you will yield your assistance, your support; I feel assured of it.

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Pasteur's hydrophobia prophylaxis is now said to be unreliable, but we hope to see it in good shape ultimately.

## PHILADELPHIA CLINICAL SOCIETY.

STATED MEETING MAY 23, 1884.

Dr. HENRY BEATES, Jr., in the Chair.

DR. MARY WILLETS reported a "Puerperal Case with Numerous Complications." Mrs. H., æt. 30, primipara, after a normal delivery, did well for twelve days. Then, after pain in her back and limbs and chilly sensations, had a rise of temperature, and was attacked with nausea and vomiting. The temperature continued high for two weeks. There was nothing to account for the supra-normal temperature, except a laceration of the cervix uteri and some tenderness around this point. On the twenty-fifth day after delivery the patient complained of pain in her left leg. For more than a week there was pain and swelling both above and below the knee. The pain greatly increased on pressure and attempts at extension of the limb, and was in the course of the femoral vein, but careful examination failed to disclose anything abnormal. On the forty-third day, the patient having recovered sufficiently to go down stairs, we were suddenly confronted with well-developed mania, at first violent, but subsequently becoming merely loquacious. This continuing two days, gave place to somnolence, and five days later to convalescence.

DR. E. E. MONTGOMERY remarked that the case was unusual, from the lateness at which the fever appeared. During his present term at the Philadelphia Hospital, measures had been instituted to prevent the contact of septic matter with the parturient parts. A solution of corrosive sublimate, one to two thousand parts, was used to sponge the parts after placental delivery; and cloths saturated with the solution were kept in place by absorbent cotton, oil silk, and a tail bandage. There had been but three cases of septicæmia during the present quarter.

DR. A. H. SMITH said the local examination, which the reader of the paper had very properly made, solved the whole problem. Together with the symptoms, it showed the case to be one of pyæmic—not septicæmic—poisoning in a woman feeble and unable to resist the absorption of pus. Septicæmia cannot arise after all open surfaces have become purulent. The examination was valuable, and he thought it would be better if more care was generally exercised in this direction.

DR. PHILIP M. SCHIEDT read a paper on the "Clinical Phenomena following the Puerperal State in Two Cases." In the first case he was suddenly summoned to the bedside of a woman aged about 35, whom he found comatose, with undilated pupils, head drawn to left side and flexed on the chest, a clammy sweat on forehead, and imperceptible pulse. The heart sounds were faintly detected, and the body and extremities warm. Restoratives and artificial respiration were without avail, and the patient soon expired.

The history of the case, subsequently ascertained from the family physician, was as follows: She had been delivered of a child after a natural labor two weeks previously, which was followed by a normal convalescence, accompanied by fever or offensiveness of the lochial discharge. Her babe was healthy, was regularly nursed by her, and she was doing so well that her physician had ceased his visits. On the morning of her death she felt unusually well, but about nine o'clock complained of some headache, vomited a little mucus, had a heavy chill, became unconscious, and was found by me in the condition described, which soon terminated in death.

The notes were presented to the Society for the purpose of obtaining the opinion of its members as to the cause of death, the writer expressing a belief in its cardiac origin.

The other case was one of "Temporary Blindness following Labor." After a perfectly natural labor, three hours in duration, the mother failed to see her child when presented by the nurse. It was found that she was perfectly blind and unresponsive to the candle test. She remained fully conscious and in possession of other senses. This continued three days, and was followed by gradual and complete recovery. During this time there was nothing otherwise abnormal in her condition. There was no œdema, therefore no examination of the urine was made. Previous to confinement she had been well able to attend to her duties.

DR. L. BREWER HALL, in discussing the second case, said the most plausible explanation of such rapidly-disappearing blindness was œdema, giving rise to choke disk. The cases reported have not been properly examined by an ophthalmologist, an omission frequently inexcusable. Some cases do not get well, and then we find an atrophy of the optic nerve. He had seen quite a large number of hysterical

cases, at times monocular, and such cases are easily diagnosed by feints and attempts to discover that they do see while off their guard. Some one should always be called in in these cases to make an ophthalmoscopic examination.

Dr. G. Betton Massey denied the necessity of assuming that cases of hysterical blindness were mere malingerers. Such patients at times may be perfectly honest in their inability to see; the real condition being one of divorce between the volitional and intellectual powers of the mind.

Dr. E. E. Montgomery read a paper on "Tracheotomy in Croup and Diphtheria." (See Original Communications.)

Dr. Collins recalled several flattering cases which in a few days showed crape on the door. He doubted the propriety of anæsthesia, but thought the operation justifiable if only as a means of easing death.

Dr. William H. Parish said the operation, which was one of the easiest in performance, should be resorted to whenever the symptoms were of such a character as to show impending suffocation. To determine this requires no little judgment, and he recalled a case of recovery without operation where both himself and Dr. Allis had agreed it should be performed. He treats diphtheria by large doses of chlorate of potassa and iron.

Dr. W. H. Warder, in discussing the treatment of diphtheria, thought the chlorate of potassa and tincture ferric chloride most successful in ordinary cases. In more malignant ones, had resorted to calomel in five-grain doses. In a case which Dr. Pepper had seen with him, the latter advised a continuance of this plan for forty-eight hours. At the end of this time forty grains had been taken; a large and offensive evacuation followed, and the child recovered. He did not think such large doses usually necessary, however. Much of the calomel passed without other change than oxidation.

G. Betton Massey, M.D.,
*Recording Secretary.*

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Treatment of Tremor.—According to M. Feris, of Brest, veratria has the property of causing various kinds of tremor to disappear, and that in the space of ten days or a fortnight. It has been employed in disseminated sclerosis, alcoholism, and adynamic states. The dose is four pills per diem, each containing a milligramme of the alkaloid.—*Med. Record.*

## *ABSTRACT OF A PAPER*

### ON THE REPORT OF THE OBSTETRICAL DEPARTMENT OF THE PHILADELPHIA HOSPITAL FOR THE QUARTER ENDING APRIL 30, 1884.

BY THEOPHILUS PARVIN, M.D.,
Professor of Obstetrics and Diseases of Women and Children in Jefferson Medical College.

Read before Philadelphia County Medical Society, May 28, 1884.

During this term of service at the Hospital seventy-two women were confined; this number, however, includes two cases of premature labor, and one of miscarriage at six months and a half; there was one case of twins. In sixty-nine cases the vertex presented; presentation of a foot, of the breech, and of the shoulder, each occurred once; the presentation in the case of miscarriage is not given. Forty of the seventy-two mothers were primiparæ. Of seventy-three children born, thirty-nine were females and thirty-four males—a preponderance of female births which is at least remarkable. Fifty-one of the mothers were white, twenty-one black. The average weight of the white children was seven pounds and a little more than two ounces; that of the colored children, seven pounds thirteen ounces and a fifth; there was thus a difference of eleven ounces in favor of the latter. The heaviest child was a white one, its mother a primipara; its weight was nine pounds and twelve ounces. Comparing the difference between white male and female children, it was a little more than one pound, while the corresponding difference in black children was only two ounces and one-fifth.

An analysis of the report confirms the views elsewhere published, which for a thousand cases gives the average weight of white males at seven pounds seven and nine-tenths ounces; of the females, seven pounds one and seven-tenths ounces. The average duration of labor was, for blacks, nearly fifteen hours; for whites, thirteen hours and twenty-five minutes; in white primiparæ this was fourteen hours nine minutes; in black, nearly eighteen hours; in white multiparæ twelve hours and forty-two minutes; in black, ten hours and sixteen minutes. The duration of the third stage of labor showed in whites twenty-one minutes; in blacks, thirty-three minutes.

With a view of showing the influence of interference at this period, three cases are cited, in the first of which the placenta, after retention of one hour, was detached piecemeal by manual interference. Septicæmia resulted, which was communicated to her neighbors in the ward. The second case, when the placenta had been retained three hours, no manual interference or touch had been employed; placenta entirely expelled; the patient had septicæmia also. In the third case, retention for five hours; spontaneously expelled; septicæmia also; all three re-

covered. Considering the three stages of placental delivery—first, separation; second, extrusion from uterus; and third, expulsion from vagina, a practical question is presented regarding the double or single ligation of cord; the author claims preference for the former, which by reducing the placental volume, facilitates the second stage of placental delivery. The presentation of the placenta is as yet unsettled, though probably the doctrine of Mathew Duncan has been accepted both by English and American obstetricians, from which the French differ, Pinard proving apparently that it usually presents its fœtal surface. As a practical lesson, then, the author deduces that traction on the cord is mischievous in the first, but facilitates the second stage of placental delivery.

After reviewing the usual time observed for placental delivery, he regards the usual rule against delay of following the uterus down, both to guard against relaxation as well as stimulus, as safe, and diminishing the danger of post partum hemorrhage to a minimum. The writer does not agree with the teachings of Hodge and Meigs in regard to a special time to await the spontaneous expulsion of the placenta. He regards that while the placenta is not detached, there is no danger from hemorrhage; that artificial detachment may cause injury to the uterine tissue, besides the danger of septicæmia conveyed by the operator's hands. He claims that unless hemorrhage demands immediate interference, expectation is both better and safer, while after detachment, friction and compression will cause expulsion.

In reviewing the infectious diseases of the puerperal state, he illustrates the normal temperature, which on the fifth day does not exceed 98 4-5°, while he shows the influence of moral effect upon the puerperal temperature, as well as that of medical interference. The temperature alone is not always indication as to the gravity of the puerperal state, which is claimed as different in lymphatic and phlebitic septicæmia. The sudden and marked declines of these temperatures have no doubt given rise to the false diagnoses of malarial fever in childbed. The chill is by no means a constant phenomenon. While the oscillations of temperature may aid us at times in distinguishing between lymphatic and phlebitic septicæmia, they are not always certain, which the writer illustrates by temperature charts of respective cases. He refers to one case with subnormal temperature, with pulse of 56, and even only 48.

The frequency of albuminuria in pregnancy is analyzed, and shows that it existed in five of the seventy-two, and he considers the general average given, as one to five or six, as excessive. Albuminuria of labor is more frequent than that of pregnancy. Seven of the cases had albuminuria after labor, and probably the number was greater. While he does not agree with Olshausen as to the cause of renal disorder, he agrees with Livezey in regarding it as a constant complication of lymphangitis or phlebitis.

The presence of sugar in the urine of pregnant and nursing women is next considered; four were found to have it before labor, six after, one of the six being also one of the four. Its connection with the lacteal flow is pointed out as less apt to occur when the supply is equal to the demand, the experience of McDonald as to its constant appearance being unfounded. Secondary hemorrhage is illustrated by one case which proves instructive as to the means employed which alone succeeded in arresting it—hot water—which is undoubtedly of the greatest value in arresting uterine hemorrhage.

The author also reviews one case of uterine rupture which occurred after a shoulder presentation. When under ether a foot was brought down and delivery readily effected. The patient came well out from the anæsthesia, made no complaint, suffered no shock nor hemorrhage; still a post-mortem revealed rupture. While under no ordinary circumstances could this have been obviated, the writer claims that had the presentation been earlier recognized the malpresentation might have been corrected, and thus a fatal issue averted.

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EUCALYPTUS IN BALDNESS.—A California physician was in the habit of pounding to a pulp the leaves of Eucalyptus, which he applied to his head for the cure of headache, and was surprised to find a new and abundant crop of hair commence to grow.

Professor Parvin teaches that the three principal indications in the treatment of puerperal septicæmia are, first, to thoroughly wash out and disinfect the uterus; second, to reduce the temperature by the application of cold and the administration of quinine; and third, to relieve pain by rest and opiates.

Oxalate of cerium has been used quite successfully as a palliative to the cough in phthisis. It has the very great advantage of not disturbing the digestion or bowels. To preserve the appetite of a consumptive is quite as necessary as to relieve his cough. Thirty grains of the oxalate is given at bedtime, and repeated before morning, if advisable. Ten grains may be given every few hours during the day, if necessary. A little chloral hydrate or spirits of chloroform combined with the remedy often greatly assists its action.

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# Medical Bulletin.

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Philadelphia, July, 1884.

## PUBLISHER'S ANNOUNCEMENT.

Contributions of interest to the medical profession, such as reports of cases, trial of new remedies, accidents in practice, and results of original investigations are respectfully solicited. THE BULLETIN goes to press on the 20th of each month, and to insure insertion in the current number, all articles intended for publication should be sent to the Editor at as early a period as possible. Authors wishing reprints of their contributions are requested to communicate with the Publisher before insertion. Special arrangements will be made to pay liberally for original matter.

All books, instruments, apparatus, etc., sent for review will receive careful attention, and their merits will be impartially discussed.

Change of residence of physicians, items of professional interest, marriages and deaths, professional and business changes of physicians and pharmaceutists, will be published gratuitously, provided the announcement does not exceed five lines in type.

The attention of the business community is directed to the superior advantages enjoyed by THE BULLETIN as a medium for advertising their wares. Advertisements are inserted at very reasonable rates.

Our readers will confer a favor upon the Publisher by mentioning, when making purchases from our advertisers, that their attention was attracted by the handsome style of THE BULLETIN's advertisements.

Notwithstanding the enlargement of THE BULLETIN (and the Publisher will still further increase it should circumstances warrant) the subscription price will still remain ONE DOLLAR per annum, postage prepaid.

**F. A. DAVIS, Att'y., Publisher.**
1217 Filbert Street, Philadelphia.

## *OUR HEALTH IN SUMMER.*

HOT weather is hard on all people. It is especially inconvenient for those who cannot get away from the city; the sweltering heat, the dusty streets, the impure water, the vitiated air, all are prone to develop disease during the torrid months which we would escape in cooler ones.

All classes, all ages, are thus exposed. In the poor from lack of knowledge and want of means, the children suffer worst; in the better class the grown-up folks are the victims of summer disorders. We omit reference to diseases of children here, and propose to touch on one or two points important to the elder members of the "stay-at-homes." A fertile cause of disease in adults in hot weather is abuse of animal food. We don't need fats or oils, nor do we want much flesh of any kind. Without being at all vegetarians, it would conduce greatly to our comfort and our health if milk was the sole animal food during the three hotter months. The various fruits and vegetables occur in such abundance as to afford every opportunity for satisfying the most exacting taste, and they are at this season much more easily and comfortably digested and assimilated than meat.

Too much beer and alcohol are consumed in July and August. They should be left sedulously alone until summer is really gone. Exposed as all are to brain congestion from downpouring solar energy, every drop of alcohol is an invitation to sunstroke or thermic fever. The lying placards on every tavern, setting forth the virtue of "brown stout," of "half and half," of "black-and-tan," *et id omne genus*, as delicious and cooling, do great injury to thoughtless people who recognize their icy character in swallowing these draughts, but who don't understand the lethargy and feverish sequel shortly after imbibing. Let all stimulants alone. Stick to water, not too cold, and not too much of it.

Don't be in a hurry. Start in time for your objective point, and allow fifty per cent. more time to get there than you would on a cold day. Overheating by muscular exertion is as bad as overheating by stimulation; it is worse for a weak heart. Every summer in our large cities people running to catch a train get on the wrong one—the one which takes them to "that bourne from which no traveller returns."

If you can't get out of town for a week, a day on the river, in the woods, or anywhere away from the red glare of the everlasting bricks, is better than nothing. Run down on one of our different railroads to the City by the Sea, imbibe the salt air, notice how good you feel the minute you strike the salt marsh just beyond Absecon, and remember that one day's ozone thus secured will brace you up for a week at least, and that such a trip now and then will largely tide over the hot and weary days until welcome autumn comes again.

## THE SANITARY CONDITION OF PHILADELPHIA.

IF any one interested in our city has a notion that its sanitary condition is satisfactory he is immensely mistaken. The streets, alleys, gutters, and sewers—the very earth underlying these public thoroughfares, is foul with rottenness and corruption of a physical nature, and the machinery supposed to cleanse the city is now and has been for years past utterly inefficient. Plenty of law exists as to how often and how carefully the streets are to be cleaned; how garbage is to be removed, and how inlets are to be kept open and pure, and plenty of office-holders swarm around the Board of Health and Highway Department headquarters, all of whom are presumed to attend to their business as servants of the public that pays them. Do these functionaries perform their duties? Not so far as can be perceived by the taxpayer! Ash carts meander through the streets, two-thirds of the ashes are dumped into the carts and the other third goes over the pavement and cobble stones. Do you ever see these carts covered according to law? Not very often! Slop-carts go around diffusing the odors of Arabia broadcast, and free as air. Are these concerns water-tight, according to law? The conductor and engineer may be tight enough to suit themselves, but the vehicle distributes its compound fluid extract gratuitously and impartially as it wends its weary way toward the piggeries and milk farms of that terra incognita, "the Neck."

Are the streets cleaned according to contract? Not exactly! Now and then (before pay-day) miniature pyramids of dirt are erected at intervals by the lazzaroni, and once in a while the carts come along an hour or two later to collect whatever may survive the distributing effect of travel along the route, but as a rule the effort to find these mounds is fruitless, because nature, which levels everything except contractors, has had a day or two to return "dust to dust, from whence it came."

The attention of the proper authorities was called both officially and privately, not long ago, by the writer, to a street which, for a square in length, was used as a dumping ground for ashes and slop, and to another where obstructed drains caused water and horse-manure to flood the cellars of several houses. Diphtheria was prevalent at these points then, and for five years past preventable filth disease was rife, but no notice whatever was taken of the complaint.

The condition of the city is disgraceful. From being one of the cleanest cities in the United States, it now is one of the dirtiest in the world. We say this from personal knowledge of many cities, larger and smaller, at home and abroad. It is apparent that no reform effort can ever prevail until the sanitation of large cities is disconnected from politics, whether the politicians are of the usual variety, or associated with physicians. Were it not for the wind and rain of heaven we would be buried in filth, for the work done in the name of cleanliness is a mere pretence to obtain as much money out of the treasury with as little work done in return as it is possible to do. Justice is said to be blind, but there's none so blind as those who won't see; and how any honest official can shut his eyes to the shameful condition of this city, which *could* be kept clean through its natural advantages, is beyond the comprehension of ordinary mortals.

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NEW JERSEY STATE MEDICAL SOCIETY.—The annual meeting of the Medical Society of New Jersey, held at Cape May June 10th and 11th, was attended by a large number of members and visitors. The programme was well arranged, and the proceedings reflected the greatest credit upon that old and valuable organization. The views advanced on Medical Jurisprudence by Dr. E. L. B. Godfrey, and the recommendations offered in behalf of the Army Medical Museum and Library of the Surgeon General's Office by Dr. B. A. Watson, as well as the report on Lunacy, were subjects that elicited especial attention from the large number of members in attendance.

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OFF FOR EUROPE.—Dr. John V. Shoemaker, Editor of THE BULLETIN, accompanied by his wife, sailed in the Servia, May 18th.

Prof. Austin Flint, one of the most active and indefatigable workers in the country, the late president of the American Medical Association, one of the most practical physicians of the present age, the eminent teacher and author, will again cross the Atlantic Ocean this summer, and we see by the official announcement will read a paper before the Section of Medicine at the meeting of the International Medical Congress in Copenhagen, on "A Uniform Nomenclature of Auscultatory Sounds in the Diagnosis of Diseases of the Chest."

## COLLEGE GOSSIP.

*University of Pennsylvania.*

Dr. Walter Ziegler is now travelling in Europe.

Prof. Theodore G. Wormley delivered the valedictory address at the Alumni Commencement, May 1st.

Dr. Joseph W. Noble has recently been appointed Assistant Demonstrator of Operative Dentistry.

*Jefferson Medical College.*

Dr. J. W. Feltz (Class of 1884) is now practising at Abilene, Kansas.

Dr. William F. Kuhn (Class of 1884) has settled at El Dorado, Kansas.

Dr. J. D. Y. Madeira (Class of 1883) is located at Grantville, Dauphin county, Pa.

Dr. H. C. Hopper (Class of 1879) is secretary of the Military Tract Medical Association of Illinois.

Dr. W. F. Phillipy (class of 1884), of Shady Grove, Pa., was married March 27th to Miss Katie Johnson, of Greencastle, Pa.

Dr. Syl. Pierson (Class of 1882), of Stanton, Neb., was married March 13th, 1884, to Miss Della S. Kearney, of the same place.

Professor S. W. Gross says that masturbation is a frequent cause of stricture. Several patients have been before the class this session in whom strictures were found, and who denied ever having gonorrhœa, but admitted that they had masturbated freely.

Dr. George R. Pancoast, of Pennsylvania, was awarded the gold medal prize for the best anatomical specimen at the last annual Commencement. The announcement of the successful candidate to this prize was in some way unavoidably overlooked in the printed college programme.

Dr. William H. Thompson (Class of 1884) has located at Turvill Creek, Pa., and is practising with Dr. J. C. Robinson (Class of 1868).

Alumni Meeting.—A called meeting of the Association was held May 27th, at 8 P. M., for the consideration of the founding of the Gross Memorial Professorship of Pathology. The report of the committee was read by the secretary, which announced that over $4000 had already been secured $800 of which is now in the bank. A resolution was offered and carried that the committee have power to increase its number to fifteen. Dr. Allis suggested that a photograph of the late Professor Gross be given to subscribers of the fund, which was referred to the committee. On motion the Association adjourned, to meet again at the call of the committee.

*University Medical School, Buffalo, N. Y.*

The following are the locations of some of the members of the class of 1884:—Dr. William A. Putnam, Cassadaga, N. Y.; Dr. W. J. French, West Valley, N. Y.; Dr. J. C. Caswell, Hamlet, N. Y.; Dr. B. W. Seymour, Stockton, N. Y.; Dr. E. M. Schofield, Gerry, N. Y.; Dr. E. M. Peterson, Jamestown, N. Y.; Dr. William F. Gardner, Rutledge, N. Y.

## NOTES, QUERIES, AND REPLIES.

New York, May 22, 1884.

*To the Editor of the Medical Bulletin :—*

Dear Sir—In relation to the notice in your May issue I ought to say that while frequently writing on sanitary subjects, I was not the assistant editor of the Planet, nor did I direct its utterances in any degree. Indeed, while expressing the highest consideration for its owner, I cannot say that I approve of many of his views as editorially stated, and not the smallest portion of any praise he has received belongs to me. I graduated in 1876 at Jefferson Medical College. Thanking you for remembering old students, I am, yours, respectfully,

Stacy B. Collins.

106 East Thirty-fifth Street.

The Treatment of Boils.

Dr. Shoemaker, *Dear Sir:* Will you oblige an old student of yours by giving him through the columns of The Bulletin the methods you employ at the Philadelphia Hospital for Skin Diseases for the treatment of "boils?" I find the ordinary methods very unsatisfactory. By so doing you will confer a favor on

Jas. R. Momtgomery, M.D.

Buckham, Pa.

[The exciting cause should receive attention. Boils are often due to general debility or an im-

poverished state of the blood. Iron, quinine, and the potassium salts have been found in such cases, used either alone or combined, most advantageous. For local application, strong carbolic acid will arrest the pain and relieve all irritability. Napthol ointment, balsam of Peru, or a strong solution of the mercurial corrosive chloride can be used with great benefit to the parts.—ED.]

DELAYED CHANCRE.

A young gentleman, aged twenty-two, came to me some time during the early part of November last to be treated for gleet. He had had two attacks of gonorrhœa, the second one occurring very shortly after the disappearance of the first. The second exposure occurred in September or October, so far as could be learned. The gleet followed the second attack. As he came to me at very irregular periods, I was unable to give him satisfactory treatment. He came again in December, reported that the discharge had left him, but now complained of swelling in the groins, and presented a well-defined soft chancre of a week's standing (as he said) in the meatus urinarius. He positively affirmed that he had not exposed himself since the last gonorrhœa, and as I can take his word completely, the appearance of the chancre from the second gonorrhœa was a period not far from nine weeks. I used the customary remedies, but did not see him until January 10th of the present year. The chancre had long disappeared, but the swelling of the lymphatic glands in the groins had not entirely subsided, and the gleet had returned. But the discharge responded to a solution of tannic acid and port wine (℥j. tannin to ℥viij. vin. port), used as an injection. The injection had run out, and hence his visit.

The chief point of interest in this case is the remarkable interval between the last exposure and the appearance of the chancre lesion, viz., about three months. Hunter gives instances of that lesion as occurring from twenty-four hours to some weeks after inoculation, and in one case its non-appearance until some two months afterwards. Besides, I have good reasons for believing that there is no deception in this case; in fine, no pretext for deception. It is the most singular case with which I have ever met in my practice, wherein I have seen numbers of cases, but no case appearing over a week or ten days after infection. And I presume other surgeons may have observed similar cases to mine, but laid them at the door of deception on the part of the patient.

As to my treatment for the gleet, I have administered about a drachm of tannic acid to half a pint of soft water, to be used as an injection from two to three times a day. I have known a long and obstinate gleet to succumb in a few weeks to this form of treatment. F. C. CLARK.

# MEDICAL NEWS AND MISCELLANY.

Dr. William F. Waugh has removed to 1521 Arch Street, Philadelphia.

Dr. L. Henson Bradford will spend his summer at Berkley Arms, N. J.

Dr. L. Wallace Simon has removed to 129 South Thirteenth Street, Philadelphia, Pa.

Castor oil is well suited as a lubricant for bougies and catheters, owing to its sticking qualities.

The Medical Summary, edited by Dr. H. Andrews, has been removed from Lansdale to Philadelphia.

MILITARY TRACT MEDICAL ASSOCIATION.—The regular meeting of the Association was held in Galesburg, Ill., May 13th.

Mr. William R. Warner, the well-known chemist, of Philadelphia, is now in Europe attending to his business, which has developed very largely both in London and Paris.

Dr. Edward Jackson, one of the active and energetic members of the Medical Society of the State of Pennsylvania, is located at 122 North Twelfth Street, Philadelphia, Pa.

A prominent surgeon once had a female patient in whose bladder was a calculus concreted around a hair pin, and he remarked that the patient's misfortune was probably due to an attempt to pin up her water-fall.

Dr. Laurence Wolff, of this city, states the important fact that several new tests for sugar will develop the reaction in a watery solution, but they fail in the urinary solution. Do not, therefore, rely too much on what you hear or read, but try the new paper strips in both ways before making a positive diagnosis.

AN OLD DEFITITION OF THE MEANING OF "DOCTOR."—A Cresswell Rich writes to the British Medical Journal: The following epigram appears at the end of the preface to "The Practice of Physic, by Lazarus Riverius. From my study at Montpelier, July 1, 1653." It is signed "W. R."—

"*Doctors* or *Teachers*, they of *Physick* are
(Whether by Pen they do it, or in Chair,
With lively Voyce), that teach the way to know
*Man's Nature, Health* and *Sickness*, and do show
*Diseases, Cause and Cure.* But they who spend
Their Life in *Visits*, and whose Labours end
In taking *Fees*, and giving *Paper-scrowls*,
FACTORS of *Physick* are; and none but *Owls*
Do count such *Doctors*, that *no Latin* know,
From whence that *Name* did to our Language flow.
W. R., Doctor, and Factor of Physick."

Professor Bartholow says that the subsulphate of mercury (turpeth mineral) is too severe a remedy for such a simple affection as laryngismus stridulus. Several deaths have lately been reported from its use. Bromide of potash, in five-grain doses every three hours until relief is obtained, will allay the spasm with entire safety.

The following placard hangs in a Tennessee store window :—

Peppermint Ile for.
Hed ake
Bellie "
Tooth "

Professor Gross often prescribes the following ferro-saline mixture for simple atony of the large intestine :—

| | | |
|---|---|---|
| ℞. | Magnesiæ sulphatis, | ℥iss. |
| | Potassi. bitart. | ℥j. |
| | Ferri sulph., | gr. xx. |

Mix and dissolve in a quart of water. Sig., take a wineglassful on rising every morning.

The American Journal of Ophthalmology, edited by Dr. Adolph Alt, of St. Louis, Mo., is a most valuable and influential journal, not only to the specialist, but also to the general practitioner. The publishers, J. H. Chambers & Co., of St. Louis, Chicago, and Atlanta, have made the only journal of the kind published in the country most acceptable in its make-up and form.

Professor DaCosta states that the best treatment for true diabetes is the dietetic treatment. Medicines are only secondary. With a proper diet the patient may be kept alive for many years, without it sugar is constantly forming, and the progress of the case is rapidly downwards. All starchy and saccharine substances should be avoided. As digestion is weak, the amount of fat and butter taken should be lessened. Fresh meats, game, oysters, eggs, green vegetables. currants, strawberries, peaches, gluten bread, or a little toasted wheat bread are allowed. Skim milk may be taken, if agreeable, and a moderate quantity of stimulants may be permitted at meal time. Medicinally, opium is the oldest and best remedy, but as there is a risk of making the patient an opium-eater, Professor DaCosta prefers to give salicylate of sodium gr. x–xx three times a day in glycerine and water or in compound spirits of juniper. When this disturbs the stomach strychnia or iron will be found beneficial. In diabetis insipidus, on the other hand, diet is not of so much importance. The patient can eat anything that is nourishing and digestible. The treatment should be a general tonic one. Professor DaCosta recommends the fluid extract of ergot in one-half to a drachm dose, three times a day, alternating with quinia or strychnia.

To Stop Hiccough.—A correspondent of the Medical Record recommends firm compression of the heaving ribs by both hands. In two cases where this was done the hiccough almost instantly ceased.

It is asserted in the Pharmaceutical Record of May 1st, that if bees are kept in any locality where aconite grows, and collect the sweets from its flowers, such honey will exhibit the poisonous quality of that drug.

"There is nothing very brilliant about our Bremen dentists," said a lady to a member of the profession in Berlin, "but they are obliging. If you wish a tooth extracted with gas, they forthwith light the chandelier."

Hot Milk as a Restorative.—A writer in the Medical Times and Gazette recommends the use of hot milk as a restorative. Milk when heated above 100° F. loses its sweetness and density, but has a most beneficial influence over mind and body when exhausted by labor or mental strain. Its effects are more invigorating and enduring than those of alcoholic stimulants.

To Prevent Conception.—The Australian Medical Gazette gives some of the methods employed by the aborigines of Central Australia to prevent conception. One mode is to make an opening into the male urethra just anterior to the scrotum ; another is to slit up the entire urethra, so as to destroy the urethral canal from the scrotum to the basis of the glans penis.

Extirpation of the Uterus through the Vagina.—On March 8th Professor Peruzzi performed this operation in the hospital at Lugo. The patient was thirty-four years old, and had cancer of the cervix, with supravaginal infiltration. The Billroth operation was performed. On April 18th the patient was doing well.—*Gazz. Med. di Torino, May 5, 1884.*

A disconsolate looking doctor, on meeting an Hibernian friend, attributed his sorrow to the fact that he had just returned from his vacation and found his wife in bed with cerebro-spinal-meningitis. "Howly Moses!" said Pat, "and fwhy didn't yees shoot the Oitalian scoundrel?" —*Med. Age.*

Sometimes the eternal fitness of things is vindicated in this city. The four corners of Pine and Third streets are occupied respectively by a drinking house, a drug store, an undertaker's establishment and a cemetery. The man who survives the whisky may meet his death at the apothecary's; the undertaker will fit him out with a commodious casket, and he won't need to make a long journey to the graveyard. In such close proximity the business of all of them ought to be flourishing.

# BOOK REVIEWS.

*On the Pathology and Treatment of Gonorrhœa.* By J. L. MILTON, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. Fifth Edition. New York: William Wood & Co. 1884.

In presenting as their February number of Wood's Library of Standard Medical Authors this sterling publication, the profession in this country owe the publishers a vote of thanks. It contains the latest views of the author, and the sections on the treatment of gleet, on gonorrhœa in the female, and on gonorrhœal rheumatism have been revised and enlarged. Those on gonorrhœal affections of the heart and pericardium, the peritoneum and pleura, dura mater and sheath of the spinal cord; on gonorrhœal pyæmia, pyelitis, etc., are new additions, which will prove very acceptable to American readers, and the doctrines laid down, Dr. Milton says, have been pretty severely tested. It will be noticed, in a perusal of the book, that he takes exception to some of the views set forth by distinguished gentlemen, but proves his side of the question in very fair argument, relying on his own practical experience for the truth of his assertions.

The volume contains seven chapters, each exhaustive of the subject on which it treats, and the opening one is an exceedingly interesting history of the disease, from which we would like to extract, were it not that we are restricted to an inconvenient want of space. We are much pleased with the author's easy style of writing, making it pleasant reading, easily understood, and not requiring the aid of a dictionary to discover the meaning of obsolete words; and, better than all, it is a full and exhaustive treatise on the subject, and therefore, on account of its very low price, a boon to many of our practitioners. There is an ample index, which is always welcome. In typography and binding the good taste of the publishers is, as usual, displayed to the utmost advantage.

*Diagnosis and Treatment of Diseases of the Heart.* By CONSTANTINE PAUL, Member of the Academy of Medicine; Physician to the Lariboisière Hospital. Translated from the French. New York: Wm. Wood & Co. 1884.

Messrs. Wood & Co. have given as the March number of Wood's Library, a volume with the above title. It has no preface, and but a small index, an oversight which should not have occurred; but as a counterweight it is handsomely illustrated. It consists of forty-nine chapters, which dwell very extensively on the different diseases to which this most important organ is subject, and the reading of them will add materially to our enlightenment. It is a timely publication, and the profession will gladly welcome a book from the pen of our distinguished collaborateur that tells the cause and teaches the best way to counteract the approach of the many insidious foes to the heart's healthiness. Dr. Constantine Paul is an authority on the subject, and his writings on heart diseases carry great weight in France and other portions of the Continent; therefore it is welcome to our library, for of sound publications like this one we cannot have too many. It is beautifully printed in clear, readable type, and the binding is in keeping with the other volumes of this most excellent series.

*Practical Manual of Obstetrics.* By Dr. E. VERVIER, Lecturer on Obstetrics in the Faculty of Medicine of Paris. Fourth Edition, enlarged and revised, with the four "Obstetric Tables" of Professor Pajot. First American Edition, with Revision and Annotations by EDWARD L. PARTRIDGE, M.D., Professor of Obstetrics in the New York Post-Graduate Medical School. New York: William Wood & Co. 1884.

In this volume we have the April number of Wood's Library of Standard Medical Authors, and we agree with the writer in his preface in saying "a book that has passed through three editions has an established reputation." As an obstetrician the author won a deservedly high position in France, indeed is an authority; and on the appearance of his work it was eagerly read as being the production of one who was capable of teaching and elucidating understandingly the knowledge which he had gained by experience and study. Such was the popularity it attained that it rapidly ran through three editions, and on the appearance of the fourth Messrs. Wood & Co. wisely, as we think, concluded to give it an American prestige by adding it to their valuable library of medical works. Securing the services of Dr. Leigh H. Hunt as translator, they entrusted the editing to Dr. Edward L. Partridge, and how well these gentlemen have performed their respective parts can be attested by a perusal of the book itself.

It is divided into six divisions, and the illustrations number one hundred and five. Part I. is given to definitions, and the opening chapter is on the female organs of generation. Part II. treats of pregnancy and physiological changes. Part III. dwells on parturition. Part IV. on the pathology of pregnancy and dystocia. Part V. describes the manœuvres and operations. And Part VI. teaches the management of early infancy. We have given but the heads of the different divisions, so that our readers may have some idea of the subjects treated in the subordinate chapters of this really practical hand-book of obstetrics. To attempt the critical review

which the book merits would take us far beyond the latitude allowed us, so we will have to restrain ourselves to a few general remarks.

It is pleasant to note how well Dr. Partridge has performed his part as editor, especially in taking exception, or in wise recommendation; *e. g.*, on page 170 the author, speaking of plethoric women, says: "If during pregnancy the woman is seized with some acute disease, we must bleed vigorously." Immediately in answer to this comes: "[We should vigorously object to these recommendations to bleed.—ED.]" Again: Speaking of hemorrhage, "Empty bladder and rectum; give a cold-water injection." Response: "[Hesitate before the use of the latter measure, for it is apt to excite uterine action. —ED.]" Still another extract on the same subject: Dr. Vervier says that "when the vagina is packed up to the vulva, a long compress is placed thereon, tied by a T-shaped bandage around the body. Dr. Partridge makes the following judicious addition: "The patient lying on her side, with the Sims speculum the vagina is best opened for the reception of a perfect tampon. Among materials for the plug, none could be mentioned superior to small balls of common lampwick." The foregoing are but meagre samples of the intelligence that is exhibited throughout the editing, and which will render the volume so much more acceptable to the American physician. We can truly recommend it as one of the hand-books on the subject of which it treats, and therefore very desirable to have conveniently for consultation. It is handsomely bound and printed, in keeping with the other volumes of Wood's Medical Library.

*Hooper's Physician's Vade Mecum.* A Manual of the Principles and Practice of Physic, with an outline of General Pathology, Therapeutics and Hygiene. Tenth Edition. Revised by WILLIAM AUGUSTUS GREY, M.B., Cantab., F.R.S., Fellow of the Royal College of Physicians, etc., and JOHN HARLEY, M.D., Lond., F.L.S., Fellow of the Royal College of Physicians, etc. Volume I. New York: William Wood & Co. 1884.

In publishing this volume as the May number of their Library, the Messrs. Wood & Co., have done good service. The work was originally issued in 1823 by Dr. Hooper, and "for over fifty years it has enjoyed the confidence and esteem of the profession; revised and improved from time to time, it has always kept its place in the front rank as a reliable and concise treatise on the practice of medicine." The present issue is reprinted from the tenth English edition, fresh from the press, and under the able revision of Drs. Grey and Harley is fully brought up to the demands of the day. This first volume is divided into two parts—General Pathology, and Therapeutics and Practice of Medicine, each part containing six chapters, treating respectively of health and disease; causes of death; physiology and general pathology; symptoms and signs of disease; hygiene; general therapeutics; states of the system; local diseases; fevers (embracing three chapters); and general diseases (non-febrile). The illustrations number fifty-three.

There is a large amount of valuable practical information in this book which will prove of great service to those who are the fortunate possessors of it. As its name implies, it is really a *vade mecum*, and in its arrangement aids considerably to lighten the hurried physician in his search for information; and what is still better, the information obtained can be relied on as authentic. A word in behalf of those selecting the works composing Wood's Library will not be out of place here. We have often had our attention called to the judicious choice that has been made; and we do not know of a single issue put forth by the publishers of the Library that will not bear the test of criticism; and in so stating it is saying a great deal when we are reminded of the quantity of loosely and uncultured written trash that is presented to the medical public for their patronage. Of course, as this book takes its place in our private library, we can honestly recommend our fellows to do likewise. But pray, Messrs. Publishers, do not forget to let us have the second volume soon.

*A Year-Book of Therapeutics for 1883.* Edited by ROYAL W. AMIDON, M.D. New York: G. P. Putnam's Sons. 1884.

This volume purports to give "a general review of the year's advance in therapeutics," and to some extent it has done so. The editor has exhibited commendable industry in his gleanings from foreign and domestic journals interpolated with his own opinions, but has overlooked some very important remedies which have been accepted by the profession at large and enrolled among the specifics. In not mentioning the jequirity bean of Brazil, and the remarkable curative powers it possesses in pannus and other eye affections, shows a lack of research which proves carelessness. Again, nothing is said of the different oleates, and of their efficaciousness in skin diseases, or how thoroughly they have been tested both in this country and in Europe, and acknowledged as a highly valuable discovery by eminent physicians, who are now using these salts very satisfactorily in their daily practice. Such omissions as these, and others like them, should not occur in a volume of this character, and we hope in future editions that a more extended research will be exhibited. Typographically the book is as "pretty as a picture," and the publishers are to be commended for its appearance.

*Health Hints for Travellers.* By Dr. JOHN C. SUNEBERG. D. G. Brinton, Publisher, 115 South Seventh Street, Philadelphia.

This small, compact volume is well arranged, and treats in detail of all points of practical interest to the traveller. The author is evidently a great believer in drugs, and having such an opinion, recommends strong and powerful agents to those who have very little knowledge of their use and effect. Thus he treats sea-sickness in a practical and useful way, showing an evident experience with its proper management, but all the minor ailments are managed with strong and often powerful drugs. All this advice might do if the book was written for the physician, but unfortunately the travelling public, for whom it is intended, are not all physicians. The writer has made the common mistake of making the work half popular and half scientific. It is a most excellent guide, especially if the traveller can take his physician along and have his opinion as to whether, for instance, it would be best and advisable to take, as suggested by the author for sleeplessness, potassium bromide, Hoffman's anodyne, or elixir of valeriante of ammonia. On page 47 the author disapproves of giving for sleeplessness opium, chloral, etc., while on the next page he strongly urges for it potassium bromide. The least objectionable, on the contrary, considered from the practical knowledge of physicians, are the first named drugs, while the potassium bromide, to the opposite, notwithstanding his opinion and authority quoted, is injurious, given for any length of time. Potassium salts, given for any length of time, have been shown to affect the heart and irritate the mucous membrane, and the result has been that the sodium salts are at present replacing them.

*Eczema and its Management.* A Practical Treatise, Based on the Study of Three Thousand Cases of the Disease. By L. DUNCAN BULKLEY, A.M., M.D., Physician to the New York Skin and Cancer Hospital, etc. Second Edition. New York: G. P. Putnam's Sons.

It must be gratifying to Dr. Bulkley to announce at so early a date the second edition of his excellent work on eczema. It proves that the work possesses intrinsic merit, and is appreciated by his fellow practitioners. There are not many changes made—"none which will affect the principles and theory of practice; but some additions or alterations occur on almost every page, and certain portions have been quite rewritten;" it likewise still retains its personalty, representing the experience of the writer, "and in the tables are found the data from five hundred additional eczema cases," taken from notes made in his own private practice. The contents are embraced in sixteen chapters, all bearing directly on the subject. That on the nature of the disease is good and instructive, and the author's conclusions in the main correct. The one on the management of infantile eczema is of importance to the physician commencing practice, as the study of it, combined with observation, may materially assist him in attaining a reputation for skilfulness in performing cures. We would especially recommend to our readers' attention the Doctor's views on the diet and hygiene of eczema, which may be found in Chapter XV. From our own experience, the advice set forth it is advisable to follow. A very good index accompanies the volume, which renders it the more acceptable. Like all of the Messrs. Putnam's publications, it is very handsome, and reflects much credit on their taste, both in typography and binding.

*The Pathology, Diagnosis and Treatment of Diseases of the Rectum and Anus.* By Chas. B. Kelsey, M.D., with two chromo-lithographs and 100 wood-cuts. 8vo. Pp. xiii, 416. New York: Wm. Wood & Co. 1884.

This book is an elaboration of the one recently published in the "Standard Library." Whilst enlarged, both in size and information, it is not overgrown. We are glad to see credit given to the cure of hemorrhoids by injection, for the method is a standard one, despite the discredit thrown upon it by other specialists. The book is handsomely got up, it is judicious in tone, and a good one for the general practitioner.

*The Wife of Monte Cristo.* 12mo. Pp. 492. Philadelphia: T. B. Peterson & Bro.

Extremely interesting, and necessary to all lovers of Dumas who care to keep the story of Monte Cristo complete, and all should do so. The "Countess" and "Edmond Dantes" must be good from reports, though we have not yet read them.

*Is Phthisis Pulmonalis Contagious, etc.?* By W. H. WEBB, M.D. 8vo. Pp. 38.

An interesting presentation of an important subject, and one to be well considered. We hope to give our readers something further from the Doctor's pen shortly on this point.

*The Urine in Disease.* Arranged as a Chart, by LOUIS LEWIS, M.D., M. R. C. S., Eng.

A good method of presenting in tabular form the appearance, tests, and results of healthy and diseased urine.

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## *NEW PUBLICATIONS RECEIVED.*

Parke, Davis & Co.'s Collective Investigation of Drugs.

Descriptive Circulars on New Drugs and Specialties Introduced by Parke, Davis & Co., Detroit, Mich.

The Proceedings of the Naval Medical Society, Washington, D. C.

Scarlatina Puerperalis. By Samuel C. Busey, M.D., Washington, D. C.

Electro-Therapeutic Notes. By Walter S. Smith, M.D., F.K.I.C.P.I., Dublin.

Constitution, By-Laws, and Fee-Bill of the Putnam County Medical Society.

Deterioration of the Puritan Stock and its Causes. By John Ellis, M.D., New York.

Annual Announcement of Cooper Medical College, San Francisco. Session of 1884.

Iodoform in Dental Surgery. By C. F. W. Bödecker, D.D.S., M.D.S., of New York.

Tribute to the late J. Marion Sims, M.D. LL.D. By W. O. Baldwin, M.D., of Montgomery, Ala.

History of the Discovery of the Circulation of the Blood. By Henry C. Chapman, M.D., Philadelphia.

Extract from a Paper on the Germ Theory of Disease. By E. L. B. Godfrey, Ph.B., M.D., of Camden, N. J.

Diagnosis of Spinal Disease, and Observations on Hip-Disease. By Thomas P. Grant, M.D., of Louisville, Ky.

Aneurism of the Femoral Artery and a Knife Wound of the Intestines. By W. O. Roberts, M.D., Louisville, Ky.

Lesions in Longevity: Paragraphs on Home Hygiene and the Art of Prolonging Life. By John B. Hamilton, M.D.

Report of Proceedings of the Tennessee State Board of Health, Quarterly Meeting, Nashville, April 1 and 2, 1884.

Eye Symptoms and Conditions in Bright's Disease. Read December 19, 1883, by Wm. S. Little, M.D., Philadelphia, Pa.

Case of Pulsating Liver. By Walter G. Smith, M.D. Reprint from the London Journal of Medical Science, January, 1884.

How to Grow Fine Celery. A New Method. By Mrs. H. M. Crider. Price 25 cts. H. M. Crider, Publisher, York, Pa.

The Eleventh Regular Report of the Medical and Surgical Staff of St. Francis's Hospital, Jersey City, N. J., for the year 1883.

Seventh Annual Report of the Sanitarium Association of Philadelphia, at Point Airy, Windmill Island, Delaware River. 1883.

The Disease of Inebriety and its Social Science Relations. By T. D. Crothers, M.D., Boston. Reprint from Journal of Social Science.

Hygienic Institutes: The Utility of their Work of Investigation, and the Need of it in this Country. By Prof. Geo. A. Smyth, Ph.D.

Thirtieth Report upon the Births, Marriages, and Deaths in the State of Rhode Island, for the year ending December 31, 1882. Prepared by Charles H. Fisher, M.D.

Arrest of Development caused by Intra-Uterine Pressure. By H. F. Hendrix, M.D., St. Louis.

Syphilitic Teeth. From the French of Alfred Fournier. Translated for the Dental Cosmos, by J. William White, M.D., Philadelphia.

Boro-Glyceride in the Treatment of Conjunctivitis Trachomatosa (Arlt); Ophthalmia Contagiosa of Asylums. By Charles S. Turnbull, M.D.

The Physiology of Digestion; with reference to the Treatment of its Functional Disorders. By M. H. Lackersteen, M.A., M.D., LL.D., etc.

Polypus by Voltolini's Method. By Walter G. Smith, M.D. Reprint from the Transactions of the Academy of Medicine in Ireland.

Twelfth Annual Report of the Franklin Reformatory Home for Inebriates, of Philadelphia. Located at 911, 913, and 915 Locust Street.

Annual Address, Delivered before the American Academy of Medicine, at New York, October 10, 1883. By Henry O. Marcy, A.M., M.D.

Twenty-fourth Annual Report of the Superintendent of the State Asylum for Insane Criminals, Auburn, N. Y., for the year ending September 30, 1883.

First Annual Address of the President, Samuel C. Busey, M.D., delivered before the Washington Obstetrical and Gynæcological Society, October 5, 1883.

First, Second, and Third Annual Reports of the Secretary of the State Board of Health of West Virginia for the years ending December 31, 1881, 1882, 1883.

Neurological Specialism. Presidential Address, Delivered at the Annual Meeting of the New York Neurological Society, May 1, 1883, by W. J. Norton, M.D., New York.

Minutes of a Convention, held in the City of Albany, February 4, and 6, 1884, at which the New York State Medical Association was organized on a permanent basis.

Report of the Memorial Meeting of the Medical Society of the District of Columbia, at the National Capitol, in honor of Dr. J. Marion Sims, held November 21, 1883.

The Significance of Metorrhagia Recurring About and After the Menopause. Read before the Obstetrical Society of Philadelphia, March 6, 1884, by B. F. Baer, M.D., Philada.

Address of Welcome to the American Medical Association, for the Meeting of 1884, by the Chairman of the Committee of Arrangements, Dr. A. Y. P. Garnett. Reprint from Transactions of the Association.

Catalogue of Members of the Medical Profession in the State of New York, Showing their Vote on the Code of Ethics. Corrected Edition. Published by the Central Organization of the New York State Medical Association to uphold the National Code of Ethics.

# THERAPEUTIC NOTES.

RINGWORM.—Menthol has been used with success for ringworm, both in the form of solution and pomade.

CHILBLAINS AND BURNS.—Strong carbolic acid, brushed rapidly over the surface, has been found effective in both chilblains and burns.

BURNS.—Prof. A. Irving reports in the Chemical News that the application of sulphurous acid relieves the pain and irritation from burns from nitric acid.

Dr. Sankey, in the Birmingham Medical Review, lauds carbonate of iron in whooping-cough in small doses, say one grain for each year of age of the patient up to six years.

LEMONADE FOR DIARRHŒA.—Dr. Vigouroux recommends a glass of hot lemonade every half hour or less as indicated, in diarrhœa. It certainly is pleasant, and is stated to be effectual.

SIR BENJAMIN BRODIE'S PRESCRIPTION FOR GOUT.—℞. Pil. hydrargyri, ext. rhei, ext. coloc. co., āā ℈j; ext. colchici acet. gr. xv. Ft. liq. xv. Sumantur tres hora somni pro re nata.

Dr. Berry Hart recommends a pill of two grains of iridin at bedtime in the sickness of pregnancy, followed by Carlsbad salts or Seidlitz in the morning. Eight out of nine cases were thus cured.

DIPHTHERIA.—Dr. Finkler, of Bonn, stated at the German Congress for Internal Medicine that he had used successfully papayotin in digesting and dissolving croup and diptheritic membrane.

DYSENTERY.—Joseph Ewart, M.D., F.R.C.P., gives a practical article in the London Lancet, May 10, 1884: "The treatment of simple and sloughing dysentery by large doses of ipecacuanha (one drachm), given morning and evening only."

Ratray gives the following for Mackenzie's emulsion: ℞. Ol. Morrhua, ℥xxxij.; gum tragacanth, ℥ss.; sacch. albi., ℥jv.; aqua, ℥xxxij; ol. cassia, q.s.; calcis hypophosphitis, ℥vj., gr. xxjv.; pepsin, ℈j. The tragacanth, sugar, and pepsin are mixed with the water in which the hypophosphite has been dissolved. Next add the cod-liver oil, mix thoroughly, and then the oil of cassia is added. The product is very fine.

Papayotin has been found useful by Dr. Schaefer in the Berliner Klinische Wochenschrift in diphtheria. Forty-seven cases were treated by a five per cent. solution, the patches being painted with it every five or ten minutes. Ewald suggests pancreatic extract instead.

PSEUDO-MEMBRANOUS CROUP.—Dr. A. Jacobi, in a communication published in the Medical Record, urges corrosive sublimate as the treatment for pseudo-membranous affections of the respiratory organs. Babes, he adds, of tender age bear one-half grain and more a day, and many days in succession.

Professor Bartholow says that no case of catarrhal jaundice should be regarded as of trifling importance, because obstruction to the outflow of bile for any length of time is almost certain to be followed by hyperplasia and permanent structural changes in the substance of the liver itself.

ALCOHOLISM—STRYCHNINE.—At the beginning give hypodermic injections of sulphate of strychnine, 0.005 per dose. Internally give several times daily 4.0 to 8.0 of tincturæ strycnii. As a prophylactic put a small amount of strychnine in the whiskey. (Dr. Ad. Vomácka, of Leitmeritz.)—*Med. Record.*

Professor Brinton emphatically condemns the use of injections after operations for fistula in ano, as laceration, perforation, and even peritonitis may follow from the introduction of the syringe nozzle and the administration of an enema by an ignorant or incautious hand.

ULCERS, EPITHELIOMA, AND ULCERATING LUPUS.—Dr. J. V. Shoemaker reports some excellent results in the class of cases just enumerated from the application of a saturated solution of jequirity. The experiments with this valuable drug are still being further investigated at the Philadelphia Hospital for Skin Diseases.

In simple cases of facial erysipelas, Professor Bartholow has seen the most gratifying results from the employment of belladonna. Where there is much systemic depression quinine should be given in a pill, every four hours, composed of the following: Extract of belladonnæ, one-quarter of a grain, and sulphate of quinine three grains. Locally, vaseline, lard, or a weak mercurial ointment may be applied. This, with a cooling laxative, will generally complete the cure in a few days.

## *BALTIMORE NOTES,*

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y., Alumni Association of Univ. of Md., Ass't Surgeon at Presbyterian Eye and Ear Hospital, etc.

HIRAM WOODS, A.M., M.D., Ass't Surgeon at Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL.—This hospital has been in active operation about seven years. A year ago the trustees purchased the property, 77 East Baltimore street, and with it a large lot adjoining. They are now renovating the old house and building on the new lot, with the intention of making one large hospital. The new portion of this hospital will contain on the first floor a reception room for the large number of patients who daily seek dispensary service, and adjoining this room will be the surgeon's apartments, where treatment will be given. The second, third and fourth floors of this new portion will be made into four wards, for the reception of such patients as need operations or hospital treatment. In these wards there will be about sixty beds. In the present building there will be on the first floor the parlor, trustees' room, resident physician's and matron's apartments. The other floors will contain private rooms. The arrangements for the comfort and convenience of the inmates are admirable. The hospital will be ready for occupation about October 1st, and when finished will be one of the most complete eye hospitals in the country. Prof. J. J. Chisolm, of the Maryland University, is the surgeon in charge.

BAY VIEW ASYLUM.—The trustees of this asylum, which is the State Poor House, quite recently took a step which will be of great advantage to the two chief medical schools of this city. They gave the medical management of the institution into the hands of the Faculties of the College of Physicians and Surgeons and of the University of Maryland. This opens to these schools a splendid field for clinical material. Bay View has about 800 beds, and while, of course, many of these are occupied by "chronics" and "incurables," the wards devoted to acute cases are always full. The trustees will build lecture halls for the schools, and regular clinics will be held at the institution during the next session. Bay View has for some time been an excellent place for young medical graduates, and many have gone there to work as soon as they have received their diplomas. Two resident physicians are appointed annually—one from each school. The Faculty of the College of Physicians and Surgeons have appointed Dr. Page Mackintosh, and that of the Maryland University Dr. W. J. Jones, of the class of '82.


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